

Hidden Shame: Sexual Abuse Against Children with Physical Disabilities in Rural Kenya

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Abstract Sexual abuse has for a long time been recorded in literature, art and science in many parts of the world. Reports of defilement, indecent assault, rape and other forms of sexual abuse against children with physical disabilities date back to ancient civilizations. Children with physical Disabilities are subordinated to adult control and associated with social exclusion that makes them vulnerable to sexual abuse. This paper describes the voices of physically challenged children on sexual abuse against them based on a qualitative study conducted between August 2010 and August 2011 in Bungoma County in Western Kenya. The main objective of this study was to document the various forms of sexual abuse children with physical disabilities encounter in rural Kenya. Purposive and snowballing sampling procedures were used to draw respondents for the study. A total of twenty (20) respondents (children with physical disabilities) who included ten boys and ten girls participated in this study. Data was collected using in-depth interview guide, Focus group discussions guide and observation guide for a period of one (1) year. Results indicate that children with physical disabilities in rural Kenya face various forms of sexual abuse which affect them in various ways. Majority (60%) of the cases of sexual abuse were committed by immediate family members and were not reported to law enforcement agencies, and those cases that were reported to law enforcement agencies, majority (55%) of them did not go to court due to lack of sufficient evidence. Girls with physical disabilities were more likely to experience sexual abuse than boys with disabilities. The findings justify the need for workshops to sensitize the rural communities and other stakeholders on the various forms of abuses children with physical disabilities experience, their human rights and how to prevent child abuse particularly in rural Kenya.

Keywords Sexual Abuse, Children with Physical Disabilities, Rural Kenya

1. Introduction

Sexual abuse has for a long time been recorded in literature, art and science in many parts of the world [1], [2]. According to World Health Organization (WHO) [3] child sexual abuse (CSA) is defined as “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society”. It is the most cruel and tragic occurrence and a serious infringement of a child’s rights to health and protection [4]. Child abuse and neglect is a global public health problem. It is a prevailing problem in all generations, socioeconomic strata and societies [5]. The magnitude of the problem in the African Region is not known, and information from authoritative studies is scarce. WHO [3] estimates that globally some 40 million children aged 0–14 years suffer

from some form of sexual abuse and neglect requiring health and social care.

In traditional African society, child sexual abuse was unheard of. It may, however, have been happening but the society at large had created systems where children were protected through many avenues, ranging from stringent taboos centered on relationships and living arrangements [2]. In traditional societies, parents were not only the primary socializing agents for children, but they were totally accountable when there was an indication that children were not being protected [6]. However, this is not the case today and the society has been invaded with all sorts of challenges. These challenges include broken families, unemployment, overcrowding, abject poverty, pornography, HIV/AIDS with its accompanied miseries, state of normlessness, drug and alcohol abuse, conflicts and civil strife, exploitation of information technologies, among others [7]. In modern times, parents have abdicated their responsibilities to friends, teachers, religious groups and in some cases, to individuals they know very little about. Parents send children for errands at night or to strangers, oblivious of what can happen. The few studies that are emerging indicate that some of these parents even sell their children into prostitution for economic

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gain.

Reports of defilement, indecent assault, fondling, intimate kissing, masturbation, pornography, rape and other forms of sexual abuse against children with physical disabilities date back to ancient civilizations [2]. The perpetrators of sexual abuse to the children with physical disabilities, like the perpetrator in the general population, are known to the victims in almost all cases. Persons who sexually abuse children range from family members, to professionals, to paraprofessionals.

Definitions of child sexual abuse are also problematic. Some are limited to abuse of children perpetrated by adults, while others include abuse by peers, and some register only penetrative sex while others include any unwanted and/or coerced sexual activity [7]. Under the Kenyan law, "child sexual abuse" is an umbrella term describing criminal and civil offenses in which an adult engages in sexual activity with a minor or exploits a minor for the purpose of sexual gratification. Child sexual abuse is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation or gratification [2]. Child abuse and neglect is a global public health problem. It is a prevailing problem in all generations, socioeconomic strata and societies. The magnitude of the problem in African is not known, and information from authoritative studies is scarce.

Forms of child sexual abuse include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent assault (of the genitals, female nipples among others) with intend to gratify their sexual desires or to intimidate or groom the child, physical sexual contact with a child or using a child to produce pornography among others.

Studies consistently demonstrate that children with disabilities are sexually victimized more often than others who do not have a disability [8]. For example, one study reported that 25 percent of girls and women with physical disabilities who were referred for birth control had a history of sexual violence [9]. Other studies suggest that 49 percent of people with intellectual disabilities will experience 10 or more sexually abusive incidents [1]. Children with a disability are, in general, more at risk from all types of abuse [10] and children with learning disabilities are over reported among those who have been physically abused, neglected, or sexually abused. Vulnerability to sexual abuse associated with physical disabilities may therefore be seen as part of vulnerability to all types of abuse [11]. Several factors may account for this, including the stresses associated with caring for a "difficult child" and the state of dependency on others for care, which may last for all of the affected person's life [12].

2. Research Site and Methodology

2.1. Description of the Site

This study was conducted in Bungoma District of Western Province, in Kenya. Bungoma is one of the Districts that

form Western Province. It lies at the Northern tip of Western Province and borders Mt. Elgon District to the Northwest, Trans Nzoia District to the North, Kakamega District to the East, Butere/Mumias District to the Southeast, Busia to the West and Teso District to the Southwest. The District borders the Republic of Uganda at the Northwestern point of Lwakhakha. According to the Bungoma District Development Plan [13] PWD are marginalized in all sectors of development and are treated with scorn and seen as dependants who cannot add value to economic and development processes. One challenge that faces this group is lack of data pertaining to them for planning purposes.

Majority of the inhabitants of the district are of Luhya ethnic origin and speak Lubukusu language. They are peasant farmers but also engage in small scale trade. According to the current Bungoma District Development Plan [13] the District covers an area of 2,068.5km. The altitude of the District rises from 1,200 metres above sea level in the West, to over 2,000 metres above sea level to the North. The Southwest area is generally low - lying. The rest of the area consists of a gently sloping surface falling from 2,100 metres elevation in the Southwest. The land surface consists of wide, nearly flat land, separated by shallow river valleys. The fairly flat terrain of the district makes the construction of roads and other infrastructure less expensive while the rivers and streams provide water for industrial use and domestic consumption. There is no data on persons with disabilities more so children with disabilities.

The District experiences two rainy seasons, the long and short rains. The long rains normally start in March and continue into July, while the short rains start in August and continue to October. The annual rainfall in the District varies from 1,250 mm to 1,800 mm. The soils of the district show considerable variation in fertility and drainage properties. The soils are well drained, deep to very deep and vary from dark red nit-sols and ferrasols to dark brown acrisols. Some parts in the South and south-west have complex, poorly drained soils. The average population densities in all the divisions namely Chwele, Malakisi, Nalondo, Kimilili, Sirisia, Kanduyi, Webuye, and Bumula are above 400 persons/km.

2.2. Data Collection

The data for this article were derived from an ethnographic study conducted in three special primary schools in Bumula division, Bungoma district in Western Province of Kenya. The schools are located in the rural part of the district. Purposive and snowballing sampling procedures were used to draw respondents for the study. A total of twenty (20) respondents (children with physical disabilities) who included ten boys and ten girls participated in this study. These were children who participated in an on going study and had indicated to have experienced sexual abuse. Data was collected using in-depth interview guide, focus group discussions guide and observation guide for a period of one (1) year.

3. Results and Discussions

3.1. Results

The mean age of the sample population was 14 years. As data in figure 1 below shows, 55% indicated that they had one parent whom they live with, 20% reported that they lived with both parents, 15% reported to live with their grandparents while 10% did not respond. 80% of the respondents were Christians, 10% were Muslims and 10% belonged to indigenous religions. Majority of the respondents (85%) were from the Luhya ethnic group while 15% were non Luhya who included Luo, Kikuyu, Teso and Nandi.

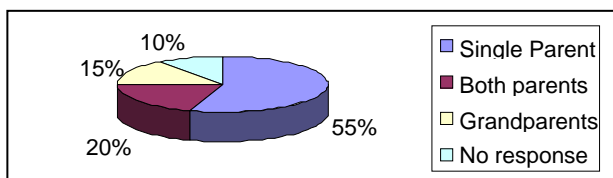


Figure 1. Family background of CWPDS

3.2. The Forms of Abuse CWPDS Experienced

As indicated in figure 2 below findings in this study indicates that children with physical disabilities experienced various forms of abuse both at home and at school. These included sexual abuse (60%), neglect (20%), verbal abuse (10%) and physical abuse (10%). Sexual abuse included penetrative and non penetrative sexual activities. Penetrative sexual activities consisted of defilement, rape and inserting fingers in the girls private parts. Non penetrative sexual activities consisted of touching children's private parts, exposing children to pornographic literature or movies and engaging in behaviours of sexual nature before the children. It was noted during the focus group discussions with the children that girls with physical disabilities were more likely to experience sexual abuse than the boys particularly with regards to penetrative sexual activities. Boys were more likely to experience non penetrative sexual abuse. The perpetrators of non penetrative sexual abuse were close relatives to the boys such as the elder brothers, uncles, and the parents to the children. When asked how close relatives perpetrated sexual abuse against them one of the male respondents said:

"When our parents are away my brothers subject me to watching videos showing bad manners of daddy and mummy kissing and then doing bad manners"

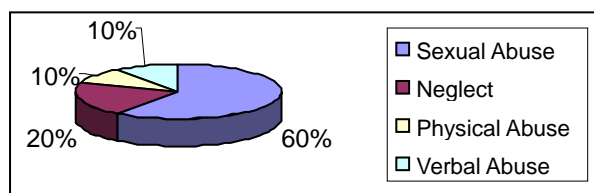


Figure 2. Forms of Abuse by CWPDS

Another female respondent thus said:

"My uncle whom I am left with when my parents go to work touches by chully (private parts) and also kisses my lips"

3.3. Causes of Child Sexual Abuse

Neglect: Most cases of child sexual abuse occurred when children with disabilities were either left alone or with somebody who eventually turned into an abuser. It was also noted that a considerable cases of child sexual abuse took place when children were in the process of going to school or church. In rural Kenya, places such as the bushes, unused buildings within the school or churches were preferred venues for for abuse. Given that CWD went alone to school or church unaccompanied provided an opportunity for sexual abuse.

Negative cultural beliefs: During the FGDs it emerged that there was a belief that those who were suffering STIs such as HIV/AIDS could be cured if they had sex with virgins. Since child with disabilities were believed not to engage in sex and therefore virgins, they were more likely to be abused by those who suffered from STIs. It was noted that proverbs in the target community were a manifestation of a wider set cultural beliefs that exposed CWD to sexual abuse or conditions that result into sexual violence. Proverbs were considered to be words of knowledge accumulated over a period of time and represented the core of community knowledge, beliefs, values and wisdom that influenced people's behavior. There were certain proverbs in the study area that demeaned CWDs and represented the deep rooted conceptualization of the inferior position in society of CWDs particularly girls that exposed them to the danger of sexual violence. Such proverbs included a few below:

"Obumanani sibuli obulema"

Lack of awareness: During interviews and FGDs it emerged that most of those interviewed did not know that some acts towards children with disabilities could amount to CSA. 60% of the respondents in the in-depth interviews indicated that they did not know that exposing a child to pornography constituted CSA, while 70% of those who participated in FGDs said the same on exposing children to pornographic literature.

3.4. Perpetrators of Abuse and Action Taken

As figure 3 below shows, the immediate family members of the children with disabilities were the main perpetrators of sexual abuses. The immediate family members (75%) mentioned by the children were fathers, uncles, brother, sisters, cousins and even grandparents. Others who abused CWPDS were other children (25%) and adults within the community (15%) who included caregivers, teachers, and other people who offered services to the children within the community. Asked to say where sexual abuse took place, 65% said it took place within their families, 20% of the cases took place within the school and 10% on the way from or to school.

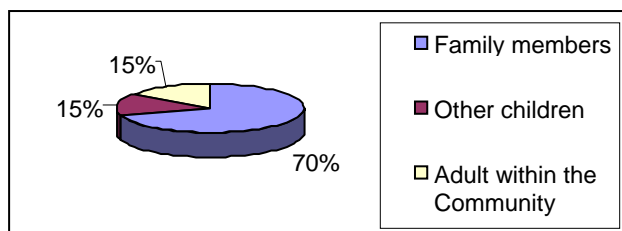


Figure 3. Perpetrators of Sexual Abuse

3.5. Actions Taken to Solve the Problem of CSA

It was also noted as shown in figure 3 above that although majority of the cases of sexual abuse took place within the family most (80%) of those cases were not reported to the relevant authorities like the police and the Chiefs for action to be taken against the perpetrators. Only 20% reported the cases to the authorities (see figure 4 below). Of the 20% that were reported to the authorities, 55% did not go to court due to lack of sufficient evidence. This was because of the fact most families feared stigmatization and the perceived embarrassment that comes with publicizing such as case.

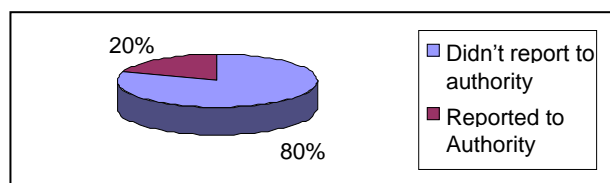


Figure 4. Action taken after CSA

Asked whether any action was taken after she was abused by her elder brother Nekesa (not real name) said:

"When I reported the abuse to my mother she was very harsh and insisted that I should not tell anybody because the family would be embarrassed and it would be shameful".

Another male respondent when asked the same question posed for a while and said thus:

"When I told my father that my Auntie had sex with me against my will he slapped me and warned me never to tell anyone or else he would chase me away from the family. I was so scared".

It was amazing to learn that more than half (52%) of those children who were sexually abused did not go to any health facility or hospital for treatment or test for HIV/AIDS. Only 48% said they went to seek medical treatment. Further, 45% of those who went to hospital did not know the results of their HIV status. The results were given to their parents and guardians. Only 35% knew HIV status.

3.6. Discussions

Child sexual abuse is an infringement of the individual rights of the child as enshrined in Kenya's Children's Act Cap 586, laws of Kenya [14]. From the foregoing discussions, it can be observed that children with physical disabilities in rural Kenya experience various forms of abuse both at home and at school. These included sexual abuse, neglect, verbal abuse and physical abuse. Children who

experienced sexual abuse were subjected to both penetrative and non penetrative sexual activities mostly committed by close relatives or associates [2]. This mirrored the findings by [15] who argued that "most sexual abuse offenders are acquainted with the victims". In her study she found that approximately 30% of the abusers were close relatives of the child, most often brothers, fathers, uncles, or cousins; while around 60% were other acquaintances such as 'friends' of the family, babysitters or neighbors. In some African traditional societies child sexual abuse is viewed as part of socialization.

In South Africa, which has the highest number of HIV-positive citizens in the world, virgin cleansing myth is especially common [16]. It is believed that virgin cleansing cures HIV/AIDS and other sicknesses that are terminal in nature. According to [14] who carried out a study in Uganda, there are specific sexual myths about having sex with children that were identified by communities as perpetrating child sexual abuse. These include beliefs that sex with children can cure HIV/AIDS. Another myth is that having sex with a virgin young girl bestows blessings for quick wealth accumulation. Such beliefs create a growing demand for sex with vulnerable children such as children with physical disabilities and perpetrate child sexual abuse against them.

The government of Kenya enacted the Children Act Cap 586 as a principal law that deals with children's affairs and their protection [14]. The act was aimed at consolidating all laws relating to child care, protection and maintenance. It also sought to establish institutions that can ensure easy access to justice by children including those with disabilities and deal with children in conflict with the law like the Family and Children Courts and remand homes. However, children with disabilities continue to miss out in terms of benefiting from the act. They are invisible and since most of the cases of sexual abuse against them happen within the family [17], the children never get to be protected by the act. One main implication of these findings for policy is to create awareness on the hidden shame of sexual abuse against children with disabilities which goes on unnoticed in most Kenya societies [2]. There is need to come up with policies that should adequately protect Children with physical disabilities against all forms of abuse including sexual abuse.

The consequences of sexual abuse of children with physical disabilities are worrying [18]. The consequences of violence are far reaching and have direct and indirect consequences on the life of the child in general [19] and school participation in particular [20]. Sexual, physical and psychological abuse frequently occurs together. As such it has adverse impact on the victims. According to [4] psychological disturbances include stress, disruption of normal development and painful emotions. Children exhibit fear, anxiety, concentration problems more than non-abused peers. Others have cognitive disorders such as chronic self-perception of helplessness, hopelessness, impaired trust and self blame [14].

It was noted during the focus group discussions with the children that girls with physical disabilities were more likely to experience sexual abuse than the boys particularly with regards to penetrative sexual activities. Boys were more likely to experience non penetrative sexual abuse. Penetrative sexual activities included defilement, rape and inserting fingers in the girls' private parts. Non penetrative sexual activities consisted of touching children's private parts, exposing children to pornographic literature or movies and engaging in behaviors of sexual nature before the children. This fact is replayed in the wider society where males lead in sexual related violations [21]. That males take the lead in sexuality could be explained by the fact that it is men (and other elders) who, as the dominant custodians of culture, regulate sexual norms. [22], [23] are among the authors who discuss the non egalitarian nature of traditional customs and norms which are cushioned within patriarchy. Patriarchy seeks to appropriate social roles and manipulate them for the benefit of males.

4. Conclusions

Children with physical disabilities in rural Kenya are invisible and silently suffer from sexual abuse that is a hidden shame to the society. They neither have the power nor the means to ensure their protection and the realization of their human rights, full growth and potential without the support of the adults. It is therefore our responsibility as adults and members of the community to protect children with physical disabilities from being sexually abused. The Government, civil Society Organizations the media, community members and other stakeholders should put in place systematic and effective mechanisms to ensure the safety of all children with disabilities from any form of mal-treatment. This calls for greater involvement of children with disabilities with the outer world particularly in issues that involve them.

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